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ABSTRACT

Alcoholism is a growing problem in America today. Children are becoming addicted to chemicals at a much younger age. Those children who have alcoholic parents and/or grandparents are more susceptible to addiction because of hereditary factors. Children of alcoholic parents live amidst conflict and confusion. Because of this conflict and confusion, the self-esteem of these children is greatly decreased. This practicum attempted to increase the self-esteem of seven behavior-disordered boys who were living in a long-term residential center for boys. The boys ranged from 7 to 13 years of age. Specific objectives of the practicum included decreasing aggressive behavior, decreasing anxiety, and increasing awareness of the effects of alcoholism on families. Workshops, group sessions, and individual counseling were used to facilitate these objectives. The prevention of chemical addiction was stressed while working on ways to improve the self-image of these boys. Self-reports by the boys and staff logs of aggressive behavior indicated the boys' behavior had improved. Although anxiety levels remained the same, the boys saw themselves as better able to express their feelings in more appropriate manners. Boys attended weekly Alateen meetings. (Author/ABL)

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Building Self-Esteem in Boys of Elementary School Age from Alcoholic Families

by

Cheryl Hess

Cohort 26

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AUTHORSHIP STATEMENT

I hereby testify that this paper and the work it reports are entirely my own. Where it has been necessary to draw from the work of others, published or unpublished, I have acknowledged such work in accordance with accepted scholarly and editorial practice. I give testimony freely, out of respect for the scholarship of other workers in the field and in the hope that my own work, presented here, will earn similar respect.

8-11-89
Date

Cheryl L. Hess
Signature of Student

Abstract

Workshops and group sessions to Build Self-Esteem in Boys of Elementary School Age from Alcoholic Families. Hess, Cheryl L., 1989; Practicum Report, Nova University, Master's Program for Child Care Adminstrators. Descriptors: Self-Esteem/Self Concept/Self Actualization/ Alcoholics/Co-dependency/En-ablers/Alcohol Education in the Schools/ Alateen/Al-Anon/AA/Alcoholic Families.

Alcoholism is a growing problem in America today. Children are becoming addicted to chemicals at a much younger age. Those children who have alcoholic parents and/or grandparents are more susceptible to addiction because of heredity factors.

Children of alcoholic parents live amidst conflict and confusion. Because of this conflict and confusion, the self-esteem of these children has greatly decreased. This practicum attempted to increase the self-esteem of five boys living in a long-term residential center by means of workshops, group sessions, and individual counseling. The prevention of chemical addiction was stressed while working on ways to improve the self-image of these boys.

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Chapter 1

INTRODUCTION

Work Setting

This study is based upon a well-established boys' home in the Southern part of the United States. The Home has a total state licensed capacity of 45 with three in administration, three social workers and 15 support staff. The mission of this organization was originally to rear orphan boys in a wholesome Christian environment. While there are no orphan boys living at this facility today, the Christian doctrines are steadfastly upheld. Work and Bible study are an important part of the daily routine.

Throughout its history men have played a very dominant role. The Board of Directors is comprised of 18 members, 15 of them men. Until recently, only male staff attended staff meetings and workshops. The female houseparents continue to let the male houseparents dominate in the cottages.

This agency is set apart from many of the child caring institutions within the State. While executives meet to consistently discuss the lack of funds available to agencies today, this agency has been self-sufficient due to an endowment fund.

For the purpose of this study, this writer will focus on one cottage housing seven behavior disorder boys ranging in ages seven to 13. A married couple with two of their own children, ages eight and 14, reside in the cottage on a full time basis to care for these boys.

Writer Role

The role of this writer is that of a social worker assigned to the aforementioned cottage. Responsibilities include counseling with the boys, as individuals and as a group, family counseling, support system and staff training for the houseparents; and a liaison with the schools, doctors and other community resources. There is a cooperative effort between the houseparents and this writer to work as a team to bring about positive change in this cottage.

Chapter 2

STUDY of the PROBLEM

Problem Definition

In June 1988, corporal punishment was discontinued in this basic care facility by Board action. Since that time the houseparents state that they were unable to effectively discipline these boys. Some behavior problems exhibited by these boys included: physical fighting, lack of respect toward authority, property and each other; aggressive play, chronic arguing among themselves, and temper tantrums. There was also a lack of interest in school and personal appearance and hygiene. In reviewing the files of these boys six out of seven came from alcohol abusive families, be it parents and/or grandparents. Authorities on chemical dependency state that the potential for these six boys to develop alcohol and/or drug abusive behavior is extremely high. The issue of alcoholism had never been addressed with these boys although reason for placement could be directly related to alcohol within these families.

In dysfunctional alcoholic families self-esteem is low; there exists rules of no talking to anyone about problems in the home, chaotic, hypochondriac behavior, suspicion, jealousy, expectations that are unspoken, feelings which are internalized and manipulation and control. Healthy families build self-esteem within their children by open communication, consistency, few illnesses, love trusting one another, rules that are explicit, encouraging openness with one's feelings, and stressing the importance of independency (Wegsheider-

Cruse, 1985).

> Children who grow up in chemically dependent families seldom get the love and support they need. Their parents simply aren't able to say the things their kids need to hear to feel good about themselves. Speaking through the pain of their disease, they say painful things. Hurtful things. Words that leave deep scars. (Leite and Espeland, 1987: 87).

Evidence

The Piers-Harris Self-Concept Scale was administered by this writer to the seven residents to assess how they felt about themselves. Areas addressed by this scale were behavior, intellectual and school status, physical appearance and attributes, anxiety, popularity, and happiness and satisfaction. Although this writer is not a professional psychometrist, the results obtained through this scale were useful in establishing a baseline.

Table 1

Results of the Piers-Harris Self-Concept Scale

	Above Average	Average	Below Average
Behavior:		2	5
Intellectual:	3	3	1
Physical Appearance and Attributes	2	4	1
Popularity:	2	4	1
Happiness and Satisfaction	2	1	4

The frequency of potential problems appeared to be less in relation to higher scores providing that those tested responded honestly. Denial of problems can distort the results of testing and can lead to false conclusions which could be the situation in the two boys who scored consistently above the norm. Further evidence of

problems was found in the individual files under the intake application which included an assessment completed by the parent placing the child. Those items checked by four parents or more included: easily distracted, difficulty concentrating, frequently disruptive in class, excessive need for reassurance, appearance of being tense and unable to relax, lying, chronic violation of parental limits, easily led by others, and often failing to finish things that he had started.

Analysis of Causes

Since their placement, only two out of seven boys had been involved in therapy outside this institution. This was worth noting as the counseling program established within this agency had functioned to serve the needs of only those boys in crisis. For the purpose of counseling the ratio of boys to social worker as 45 to one. Therefore, with a staff shortage, workshops and group sessions dealing with issues such as alcoholism and drug intervention, sex education, employment education, and family problems were not discussed. In March 1989, two additional social workers were added to provide much needed counseling.

The lack of staff also created a void in the area of providing counseling to families. Because of this, boys have remained at this institution for more than ten years. The chances of these boys and their families being reunited were nonexistent. Although the longest length of stay for the boys on which this study was based was 30 months, this writer was concerned that unless an indepth family counseling program was instituted in this facility in the very near future, these boys would also grow up in a non-family situation.

Studies have been conducted on the repercussions of long term placement and children were found to be devoid of feelings and lacked the ability to bond to other human beings. When the problem of alcoholism exists within their families, this only increases the probability that the children will have continued emotional problems. The key, then, is to provide counseling to the boys and their families so that the return home could be expedited.

There had also been a lack of educating staff in the areas of alcoholism and behavior issues and discipline. Consistent staff training can be especially difficult with the high rate of turnover in child care workers, and this agency has been no exception. One cottage had five sets of child care workers in the past year.

Relationship to the Literature

> "70 percent of children of alcoholics become alcoholics themselves or develop related patterns of compulsive abuse or workaholism. They stand at least a 50 percent chance of marrying alcoholics themselves, and many experts believe they are about twice as likely to attempt suicide." (Policoff, 1986: 95).

There are many characteristics of children of alcoholic parents. Some of these include feeling isolated, afraid of authority figures, overreacting to change, lack of trust, and low self-esteem (Schaff, 1983). This paper specifically addressed the issue of improving self-esteem. For the boys discussed in this paper low self-esteem was a barrier, possibly preventing them from developing into responsible adults. Adult children of alcoholics frequently experience feelings of inadequacy, feelings that they are never good enough and showing their emotions is dangerous (Grantz and Bowlen, 1985).

In recent years, professionals who have been counseling children from alcoholic families have discovered that these children took on

specific roles within the family structure.

Children "seldom learn the combinations of roles which mold healthy personalities. Instead, they become locked into roles based on their perception of what they need to 'survive' and to bring some stability to their lives." Black, 1981: 14).

These four roles are:

1. Family Hero: This is the child who is viewed as the good child and makes the family appear normal and healthy (Wegscheider-Cruse, 1984).

2. Scapegoat: "Through wild, destructive behavior, the child deflects attention from the alcoholic and takes on the blame for the family's troubles" (Policoff, 1986: 97).

3. Lost Child: This child is withdrawn from chaotic family life by using a cope-through-avoidance behavior that greatly decreases life's positive experiences (Wegscheider-Cruse).

4. Family Mascot: This is the clown of the family; this youngster learns to mask his problems with humor (Wegscheider-Cruse).

After reviewing family histories and talking with parents and the residents, this writer assessed the following: three out of the six boys were scapegoats within their families. One was a mascot; one was a lost child; and one was the family hero. The underlying feeling with all of these roles was one of anger. This anger was shown in a variety of ways--violence towards others and/or self, defying authority, skipping school, using drugs and/or alcohol, lying, cheating, food disorders, and running away.

In 1957 Alateen was begun by six teenagers who felt they, too, needed the support of other teens just as Alcoholics Anonymous (AA) and Al-Anon had helped their parents deal with problems through support groups. Alateen uses the Twelve Steps for which AA groups are well known. As one youngster stated it, "This is not a club where we criticise the alcoholic or look for sympathy, rather, we look for ways to

help solve our own problems and help the others." (Anon., 1964). Alateen also teaches that alcoholism is a disease which affects all family members, emotionally and sometimes physically. Children are unable to control or change their parents, but are taught that while they detach from their parents' problems, they can continue to love their parents (Alateen).

Chapter 3

GOALS and OBJECTIVES

Goals:

To improve the behavior of the target population by promoting positive feelings about themselves and others.

Objectives:

1. Aggressive behavior towards each other will decrease in five out of seven boys as evidenced by the houseparents' observations and their daily log book (appendix A).
2. A decrease in anxiety in five out of seven boys, will be observed by helping them acknowledge that they are experiencing difficulties in their lives as evidenced by their therapists, social worker and houseparents.
3. Increase the awareness of the affects of alcoholism on six out of seven boys whose families have alcoholic backgrounds as measured through workshops and group counseling sessions.

The rationale for specifying these objectives is to institute an intervention and prevention program for potential alcoholics.

Evaluation Method:

The Piers-Harris Self-Concept Scale was readministered to the same boys at the end of the ten weeks to reassess their self-concept. This scale was used to reevaluate where they sense themselves to be after ten weeks of workshops and group sessions. There should be an overall improvement in their scores over their baseline scores. Scores should

fall into the average range. Those children who scored themselves in the above average range on the baseline scale more than likely were denying that any problem existed in that specific area. The boys also completed a verbal evaluation of the workshops and group sessions. This helped to determine how much information they were able to comprehend and retain. This information will be helpful when developing a program that will involve all the residents in this facility.

Chapter 4

SOLUTION STRATEGIES

Information Collected

The need to deal with the problems of the child of the alcoholic has come to light in the past ten years. Alcoholism, which was identified as a disease in recent years, had always been a silent disease, one that children were instructed not to talk about. Children Are People, Inc. began a program in 1977 to teach children how to cope with an alcoholic parent. The developers of this program stated that there were about 28 million children of all ages who had at least one parent who was an alcoholic. William and Elaine Van Ost (1988: 3-4) stated: "Fifty-five percent of high school seniors used alcohol for the first time in ninth grade; 22 percent in or before seventh or eighth grade; and 8 percent in or before sixth grade. 12.3 years is the average age for first alcohol use. Thirty percent of 13-year-old boys and 22 percent of 13-year-old girls are current drinkers. The largest increase in drinking occurs between the sixth and seventh grades. At this time, it goes from 10 to 22 percent.

The home environment is unpredictable and chaotic with little or no communication. When a child returns home from school, he never knows whether his parent will be intoxicated and out of control or sober (Black, 1981). When his parent showers him with affection, he does not know how long it will last. He lives in fear, abuse, violence, disappointment, embarrassment, and empty promises are his constant companion.

In recent years the enabler or codependent has come to the forefront. The codependent is the nonalcoholic parent who without realizing it contributes to the alcoholic's problems. Children are also considered codependents. Codependents do anything possible to keep peace and harmony within the family. They usually become aware of their role when they become involved in therapy or in Al-Anon, a support group for the non-alcoholic. Larsen (1987: 28), a well-known authority on codependency, describes it as, "Those self-defeating, learned behaviors or character defects that result in a diminished capacity to initiate or to participate in loving relationships."

Support groups such as Alateen have provided many adolescents with a way to express feelings they have as codependents. One goal of Alateen is to help the child feel better about himself; he realizes that there are other teens who have the same family problems. At a recent open Alateen meeting this writer attended, the topic for discussion was accepting responsibility for one's own actions. In accepting the responsibility and not blaming others for his situation, the teen is able to express those feelings he so long has been forbidden to expose. With the exposure of these feelings, the teen begins to work on building self-esteem. Building self-esteem is the foundation from which a child can begin to rebuild his life upon.

> "Codependents tend to: blame themselves for everything, think they're not quite good enough, fear rejection, tell themselves they can't do anything right, feel ashamed of who they are, and think their lives aren't worth living." (Beattie 1987: 38).

This writer visited a local mental hospital to review a drug abuse program for children who live in alcoholic families. The social worker interviewed stated that she had been working with codependent children

for several years and discovered that daily group session with discussion topics dealing with responsibility, feelings, and self-worth were the most viable means of allowing these children to express themselves. Individual therapy did not produce the positive results as did the group sessions.

Solution Strategy

After reviewing literature and discussion, this writer instituted group sessions utilizing literature on feelings, workshops about alcohol abuse, invited community people to give talks and used video tapes. Personal research indicated that children talked openly to other children when in group sessions. The children realized that they were not the only ones experiencing these problems. Self-help groups have proven their worth to professionals as well as to non-professionals. This writer was able to verify this statement as she, too, was once a member of a self-help group.

Those children who were of age attended Alateen. Procedures have begun to explore the possibility of establishing an Alakid group for children who were of elementary age. The education of alcoholism was extremely important for these children as well as the education for the houseparents. Workshops to help the houseparents acknowledge and understand the emotional problems caused by alcoholism in families was provided.

Implementation Plan

May 30: A speaker discussed motivation and self-esteem.

June 5: Lots of Kids Like Us, was shown and discussed. This film was also shown to the staff at a separate time on this date.

June 15: A speaker from an alcohol clinic spoke to the staff. Discussion centered around childhood experiences and how to effectively help the children living in the cottages.

June 20: Group Session: Feelings, Play the game, Trust, role play a variety of feelings, and talk about the positive attributes of themselves and others in the group.

June 27: Continued group session on feelings. Completed written activity on feelings. A discussion followed.

July 11: Group session: Making appropriate choices; peer pressure.

July 25: Group session: Self-esteem/uniqueness of ourselves.

August 1: Group session: Reviewed prior meetings; completed post-test: Piers-Harris Self-Concept Scale; verbal evaluation of sessions.

Weekly Alateen meetings were attended by five boys. Attendance began on May 29.

At the completion of the first session for the staff, a survey of their knowledge of alcoholism was completed (appendix B). More sessions on alcohol and drug awareness as indicated by the surveys would be scheduled as necessary. The Piers-Harris Self-Concept Scale was readministered to the group of boys as a post-test. An evaluation of goals met was made. Observations of behavior, individual contributions to discussion, expressed feelings about themselves, and how they viewed others in the group became a part of the collected data. A verbal evaluation from each child was completed at the last session.

Follow-on:

At the completion of this practicum 38 remaining residents will be

reviewed as to whether they, too, are children from alcoholic families. These children identified will be placed in age-appropriate groups. The administrator has considered the possibility of Alateen becoming a part of the ongoing program of this facility.

Because of the research completed by this writer of services offered to children and adolescents growing up in alcoholic families, it was determined by this writer that Alakid (elementary school age) and Alatot (preschool) groups were not presently available in this community. Several physicians and therapists have given their support to developing the above-mentioned groups. Al-Anon, the sponsoring organization, was approached by this writer to consider sponsoring these much needed services. All children, whether they were residents of this facility or residing in their own homes, would benefit.

Chapter 5

RESULTS, CONCLUSIONS, and RECOMMENDATIONS

Results

Results of the post-test reflected a decrease in the number of boys utilized in the practicum. Midway through, two boys were discharged from the facility and returned home. Five boys completed the study. In comparing the pre-test and post-test, four boys rated themselves on the post-test higher in all areas and remained the same in anxiety. One youngster rated himself lower on the post-test than he did on the pre-test.

Table 2

Results of the Piers-Harris Self-Concept Scale: Post-test

	Above Average	Average	Below Average
Behavior:	3	1	1
Intellectual and School Status:	4		1
Physical Appearance and Attributes:	4		1
Anxiety:	4		1
Popularity:	4		1
Happpiness and Satisfaction:	4		1

Table 3

Comparison of Scores

	Above Average		Average		Below Average	
	Pre	Post	Pre	Post	Pre	Post
Behavior:		3	2	1	3	1
Intellectual and School Status:	2	4	3			1
Physical Appearance and Attributes:	2	4	3			1
Anxiety:	4	4	1			1
Popularity:	2	4	3			1
Happiness and Satisfaction:	2	4	1		2	1

Conclusions

As evidenced by the post-test and the comparison of scores the boys felt that they had improved in their behavior. Staff logs also showed that the incidents of physical and aggressive behavior towards each other decreased by more than 50%. Parents reported improved behavior at home during visits. Although anxiety levels remained the same when comparing the above average scores, These boys saw themselves as better able to express their feelings in a more appropriate manners, to feel more comfortable talking in group sessions about family problems, specifically alcoholism, and to assess their attitudes as being more positive toward authority figures.

Workshops were held to address chemical dependency and the high percentage chance that they, too, could become alcoholics and drug addicts due to their family background. Weekly Alateen meetings were

attended. At first, the boys were reluctant to share their family's experiences. Towards the end of this practicum, the boys willingly shared with group members. Worth noting, when new members attended Alateen, these boys were able to make them feel comfortable and at ease.

Midway through this practicum, two boys were withdrawn from the program by their parents. One child was diagnosed as having suicidal tendencies by his psychiatrist and was hospitalized. After discharge, this youngster returned to the home of his mother. The second youngster was referred to a phychologist for psychological testing because of his very low scores on the pre-test Piers-Harris Self-Concept Scale. During the psychological testing this child became very agitated due to the nature of the psychologist's questions. He became frightened and refused to return for further sessions. His parents, feeling that this child's problems would be significantly reduced if he were returned home, removed him from this facility. Prior to this youngster participating in this practicum study, he was seen as a good student: quiet, having nonattention-seeking behavior, and willing to help staff and children when needed. He was an "all around good kid." Suddenly, he was having to identify his problems; he became very angry and upset and began displaying negative behaviors. The psychologist, in rating this child's emotional instability on a scale of one to ten, rated him as an eight.

This above-mentioned child is not a rarity. Everyday, children are having to struggle with alcohol, drugs, peer pressure, low self-esteem. Suicide rates are increasing. Our youth today appear to be

more troubled emotionally. The youngster who does as he is told, does not defy authority, and makes good grades is passed over. The importance of psychological testing, family counseling, group and individual sessions with the children in care in this facility needs to be addressed. Serious repercussions could have resulted had this child not been identified as having emotional problems. Therapy was beginning for this boy when his parents removed him. To this writer's knowledge, there have been no plans to continue with counseling.

Of the five boys who completed the study, one showed a lack of progress according to his post-test. But, he was the boy who showed the most progress in verbalizing his feelings toward himself and his family. Because of his severe depression he was placed on medication and has been scheduled to see a therapist on a weekly basis. This youngster is on his way to resolving his emotional problems.

Recommendations

1. Identify those children in this facility who come from chemically dependent families and involve them in Alateen.
2. Continue to present on a monthly basis workshops and films on the prevention and intervention of chemical dependency.
3. Continue with weekly group sessions: building self-esteem, feelings, family relationships.

Plans are being made to share these practicum results with the Board of Directors of this agency. Many of these members are unaware of the number of children who come from families where alcohol usage has been abused. This information will also be dissiminated to staff at the mental health center so that they will be better able to counsel

with the youngsters from this facility.

The local chapter of Al-Anon has been approached by this writer to sponsor an Alakid. They have acknowledged the need for such a program and are presently seeking group leaders. Alakid would be available to the community, not just the children living at this facility.

The administration of this facility is supportive in continuing alcohol education for children, their families and staff. Two more workshops have been scheduled for staff. Ongoing off-campus Alateen meetings will be attended by the children participating in this practicum. Plans are being formulated for developing an on-campus Alateen group.

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APPENDIX A

DAILY LOG

DAILY LOG

Child's Name:_____

PLEASE PLACE DATE AND TIME AT BEGINNING OF EACH ENTRY AND SIGN NAME AND TITLE AFTER ENTRY IS COMPLETE.

THIS FORM IS TO BE GIVEN TO UNIT DIRECTOR WHEN NO MORE ROOM IS AVAILABLE FOR LOGGING.

APPENDIX B

SURVEY: CHEMICAL DEPENDENCY

SURVEY: Chemical Dependency

Name (optional): _____

*Answers to these questions are optional.

1. Did you find the film informative and helpful? Describe.

2. How much do you know about alcoholism and drugs?

3. Did anyone in your family have a dependency problem? If so, who?

4. Do you feel you need to learn more about dependency? Describe.

5. Do you feel self-help groups are important? In what ways?

6. Have you ever participated in a self-help group?

7. How many children living in your cottage come from families where dependency is a problem?